



DREF REVIEW REPORT

Technical visit of the Regional Health Advisor for EVD

Purpose:	Monitoring
Operation	Ebola preparedness DREF- South Sudan
Participant(s):	Maria Munoz-Bertrand, Regional Health Advisor for EVD, Reel Ahmed, DREF Delegate
Dates:	February 4th to 9th 2019
Destination:	Juba and localities where activities are implemented (Nimule) – South Sudan



Outstanding findings

SSRC has a high level of EVD readiness. SSRC preparedness activities (RC/SM, SDB, PSS) are integrated and there is excellent collaboration with all movement partners and external stakeholders.

Ensuring continuity of activities and ownership by NS in the next phase of preparedness is key.

ACTIVITIES:

The South Sudan team had prepared an elaborate agenda for the visit which was constantly updated to take into account interests of the monitoring team (see agenda in annex).

Important stakeholders in Juba were met including SSRC leadership, PNSs, ICRC, MOH, WHO, CDC. CEA focal point was not met.

The visit included a field trip to Nimule, an SSRC branch at the border between South Sudan and Uganda that is in preparedness phase and a key PoE.

OBSERVATIONS:

**Caveat: the visit has lasted only 5 days thus the following observations cannot account for the full scope of SSRC activities.*

- SSRC has all the relevant infrastructure, departments, trained staff and internal processes needed to successfully carry out the project. This includes Health and CEA department, logistics, finances, comms, PMER, etc. However, the preparedness project is too resource intensive to be managed by someone with other tasks and needs to have one or more dedicated persons managing it.
- From what was possible to observe, leadership at all levels as well as staff and volunteers are engaged and dedicated.
- There is a well-established network of volunteers ready to respond throughout the territory.
- There is a baseline capacity of the staff and volunteers in health. Boma initiative that includes CBHFA and curative aspects has been rolled out in several areas. There is strong capacity within the NS in CEA with several trained personnel and volunteers. There is a PSS department. Several ToT have been carried out in the last months including ECV and PSS.
- There seems to be an excellent work environment at the Movement Level. The leadership of SSRC and IFRC have created an environment that is very supportive and enabling. The PNSs and ICRC are also involved and work very closely with the SSRC to make things happen. ICRC is actively supporting SSRC and IFRC in logistics, security and sharing expertise in dead-body management (management of unidentified bodies). An Ebola experienced physician is the focal person for ICRC and is tasked with gathering and analyzing information to enable ICRC to pre-empt what effect an outbreak would have on their on-going programmes and recommend mitigating measures. ICRC expertise in handling of bodies could complement IFRC's SDB expertise (missing file, forensic etc.). Some PNSs are involved in NS capacity building in health and outbreak preparedness. Several PNSs are also involved in outbreak preparedness through SSRC and IFRC. It was Danish RC funding which allowed for the start-up of activities in September, before the DREF was approved in early October. It was also partner funding which allowed DREF activities to start as soon the approval email came through and not wait for funds to reach the field (which can be a lengthy process).
- At National level, there is an EVD preparedness plan that is currently being revised. A National Task Force oversees all aspects of the preparedness with several Technical Working Groups. The NS is actively involved in the NTF and several technical working groups. The NS is unanimously seen as a very valuable partner by all the government bodies and agencies met. In the NTF, it is the IFRC surge delegate who represents the SSRC/IFRC, with attendance from SSRC colleagues.
- A contingency plan in case of an outbreak is currently being written by UNICEF with 4 scenarios (1. cases in DRC, 2. Cases in DRC near South Sudan, 3. Cases in South Sudan in previously identified high risk areas where preparedness activities are ongoing, 4. Cases in South Sudan in non-previously identified high risk areas where preparedness may be nonexistent or very limited)

- An SSRC/IFRC contingency plan is under development and was highlighted as a key ongoing activity by the IFRC Head of Country.
- Multiple other outbreaks are cooccurring including a measles outbreak ongoing in Juba.
- There is a general lack of EVD expertise in country.
- An anthropological report has been made by a specialized society called Anthropologica and a KAP is being planned by UNICEF (results expected to be available in 2 months)
- The DREF extension will finish on February 28th. The SSRC is currently in the process of being included in the one international appeal for DRC. Narratives and budgets are being worked on at country and regional level. The process should be finished by February 20th and provide funding until August 2019.
- Preparedness Activities:
 - o SDBs:
 - SSRC is the lead agency for SDBs and co-chairs the Technical working Group (TWG).
 - The activities are very advanced with 4 out of 5 teams trained and the last one expected to be trained next week. Four teams are located at the border with DRC and Uganda (Yei, Maridi, Nimule, Yambio) and one is on standby in Juba in case of need.
 - There is enough SDB material in country. Additional material could be obtained from partners (WHO, UNICEF...) in case of need.
 - Each trained team has access to the required material and several vehicles from other projects have been made available. There is a standing agreement with WFP for transportation of vehicles in case of need.
 - The teams have access to a schedule for refresher training and are currently undertaking weekly drills.
 - The processes have been clearly outlined in SOPs
 - Gaps include: identifying burial sites and operational bases (temporary and permanent), securing pick-up rentals in case of an outbreak.
 - These achievements seem to be due to the long-term deployment of an IFRC Operation manager and 2 Ebola experienced surge (1 trainer and 1 coordinator) and 1 physician seconded by MOH. However, their deployments end soon (trainer: February 20th and coordinator April 2nd) putting continuity of activities at risk. Transfer of capacity to the NS is urgently needed.
 - o Social mobilization/risk communications:
 - MOH and UNICEF are cochairs for SM/RC.
 - SSRC SM/RC activities are well underway in all targeted areas and include radio shows, house to house, interventions in public spaces, POE support, meeting with community leaders, drama/road shows, radio jingles, radio talk shows etc.
 - Volunteers are involved in POE screening. Challenges volunteers at the Nimule PoE have faced include aggressiveness of certain persons and excessive exposure to sun and heat.
 - All PoE activities have been coordinated by a physician seconded by the MOH. This physician has been extremely active in training volunteers and putting activities in place.
 - Identified gaps include scaling up of activities, improving access to audio system, generating flipcharts (image boxes)
 - There is a CEA coordinator at the SSRC and dedicated support at IFRC regional office.

- Currently, feedback mechanisms for the community include informal reporting and a planned mini-KAP. However, there is no formal way to collect rumors and acceptance of the NS in the population.
- PSS:
 - SSRC has put together a comprehensive practical training of 3-day duration for all volunteers involved in the response including those in the SDB teams. The program has been supported by IFRC reference center and a Danish RC PSS delegate.
 - Training includes PFA, counselling in case of outbreak and peer to peer support.
 - Training has taken place in 2 locations, and a further 2 locations are planned before mid-March.
 - In prior operations, SSRC volunteers involved in dead body management, have been provided with PSS.
- Volunteer safety: the SSRC will suggest vaccination to their volunteers that work as frontline workers. Volunteers working in POEs are not adequately protected against heat and dehydration.
- Security: for security reasons, several areas of the country are not accessible to other partners other than movement partners. All partners (MOH, UN agencies, NGOs) are aware of this situation and acknowledge the issue. Several actors including IOM are working on assessing the situation. The Red Cross Movement's neutrality and independence is recognized by partners as allowing best access to most locations. During preparation, it is important that these areas are reached to leave no gaps. Additionally, in case of an outbreak in an area where authorities have limited access, SSRC could be asked to scale up activities very quickly and increase the scope of their activities (including surveillance, contact tracing and follow up..) since they may be the only actors with access to certain areas.
- Integration of the activities: there is very good integration of the different pillars of the activities. There is also a very good collaboration of the different movement partners and with external stakeholders including the MOH, WHO...
- A need for information sharing among countries in preparation and response has been highlighted.
- It is important to understand ICRC's business continuity plan if there was an outbreak as this could have a big impact on IFRC's response, especially if it results in a deterioration of security and ICRC enforce a cap on the number of delegates allowed in country.
- PMER: there are 3 staff in Juba and a well-established data transmission strategy from the field to HQ. 3 of the 4 branches where EVD preparedness activities are taking place are trained in digital data collection with Kobo. Challenges include connectivity issues and lack of dedicated PMER staff at HQ level for EVD. Communication with branches is through email. There are no WhatsApp groups to communicate information from HQ to the field. There is a perceived need for information sharing.

RECOMMENDATIONS:

For SSRC:

- Overall functioning:
 - Include relevant activities and needs in the Appeal Revision
 - Hire national staff exclusively dedicated to the project. This could have been done as part of the DREF, as is the case in Uganda where a URCS ops manager and finance have been budgeted for. The NS staff will need to be selected from a base of trained volunteers/NDRTs/staff displaying the necessary skills (technical

knowledge but also leadership, coordination and negotiation skills). They should be integrated as soon as possible in the team to allow enough time for transfer of expertise and knowledge from the surge personnel.

- Work on a contingency plan in case of an outbreak that includes main areas to be reinforced and disseminate within the movement and to partners.
- Map pre-emptively areas with access issues with ICRC and other relevant actors, and work with MOH on a response strategy should an outbreak occur in these locations. Plan for activities that can be added to those already taking place with necessary training (for example contact tracing and surveillance) and clarify those that are beyond the expertise of SSRC (such as case management).
- Since an outbreak may be averted and South Sudan is an outbreak prone country, efforts should be made to integrate current Ebola preparedness activities within a broader scope to strengthen capacity of SSRC to respond and prevent outbreaks.
- SDBs:
 - o Secure official partnerships with public structures (ETC, CTC, health facility...) to establish temporary operational basis. Plan to establish permanent operational basis in locations where an active outbreak is ongoing.
 - o Before investing in burial sites, rituals around death in South Sudan and in the migrant population will need to be reviewed and taken into account. Leaders including informal leaders may need to be consulted and engaged. The strategy most likely to be acceptable while remaining safe should be adopted and promoted.
 - o Planning of provision of bereavement kits to replace destroyed goods and coffins will need to be considered (provision by RCM or partnership with another agency). In other settings, in kind is preferred to a cash-based intervention to dispel rumours that corpses are being bought.
 - o Forecast logistics needs for the next 8 months
 - o Engage logistics to oversee HQ and branch management of kits.
 - o Work proactively with government and partners to organize and participate in a nation-wide simulation.
- PSS:
 - o Since South Sudan is a country with a recent history of conflict and trauma to the population, CEA strategy could be reviewed with the PSS team to minimize harm and maximize resilience in communities.
 - o Ensure a supervision of volunteers by a dedicated focal point from HQ
- CEA:
 - o Plan a communication strategy in case of an outbreak.
 - o Plan Epidemic control for volunteers (ECV) cascade trainings and activities in all the areas targeted that already have the Boma initiative (PNSs could play an important role in supporting this aspect)
 - o The feedback from communities needs to be reinforced to better direct the messaging but also to constantly monitor acceptance and security. Ensure a rumor tracking system is put in place and share actively with ICRC.
 - o Remote support from the regional office can be requested for the rumor tracking system and for the KAP (questionnaire, analysis).
- Volunteer safety: Ensure volunteers are insured. Consider first aid kits, cap/hats, reusable water bottle, policy for accidental exposure and PSS.

For IFRC:

- Findings of this visit will be communicated

- Technical support: extend SDB trainer
- Extend Ops Manager and financial delegates
- Support training of staff (regional SDB and TOT training, PHiE,...)
- Continue remote support including health and CEA
- Conduct a forecasting exercise on training needs with PNs
- Support information, experiences and expertise exchange between NSs
- Harmonize existing guidelines and guidance documents.
- Consider a communications mission to South Sudan to showcase the achievements of SSRC.

ANNEX: Itinerary of the IFRC Regional DREF EPoA EVD Preparedness Operations Monitoring & Review Team's visit to South Sudan

- 04-09 February 2019

Revised 06.02

Time Frame	Activity	Contact Persons
Monday 4th Feb. 2019		
ATA: 11:30	ETA Juba airport Arr at Rainbow, check in.	Pick-up by SSRC driver
12:00 – 13:00	Courtesy visit SSRC SG / IFRC HoCO	Philip/Peter
13:00 - 14:00	Lunch	Philip
14:30 - 16:00	Meeting EVD Team at SSRC. Presentation of status	Dut, Sandra, Taban, Santo, Veronica, Philip, Alex, Pascal, Abalang, Peter, Robert Mori, Grace Laki, Samuel, Marial, Naome, ICRC rep. and Rendal/PNS
16:30 - 17:30	Security briefing at ICRC	Maria, Reel, Peter, Philip
17:30 – 20.00	Leisure catch up meeting Rainbow	Peter, Philip
Tuesday 5th Feb. 2019		
09:00 -10:00	ICRC EVD Focal Points	Martin Schneider, Beatrice Oechsli
10:00 - 11:00		
11:00 - 12:00	MOH EVD- Incident Manager	Dr Richard.
12:00 - 13:00	WHO –Country director	Dr. Ayana Yeneabat
13:00 - 14:00	Lunch	
14:00 - 15:00		
15:00 – 15:30	Field trip security briefing, ICRC Del 4 Mandatory for all field trips	Philip, Maria, Reel, Wiebke, Peter
16:00 - 17:00	Meeting UNICEF EVD- Risk com. & SM contact person	Satyia Sakar + +
Wednesday 6th Feb. 2019		
08.00	Pick-up at Rainbow to SSRC to assemble for departure at 08.00	Visite to Nimule County. Nimule is bordering Uganda.
09:00 - 12.45	Field travel to Nimule	Monitoring & Review team lead by DSG
12:45 – 14.30	Meet the SSRC Nimule Team County Commisisoner and County Health Officer	Mr. Lada Dominic, Project Coord, Torit Mr. Taban Irra, Health Officer, Nimule Mr. Emilio Iga: County Commissioner, Mr. Amoko Simon: County Health Officer
	Lunch at the Gordon view	
15.00 – 15.30	WHO Representative Nimule	Dr. Luo Benz, WHO Coordinator in Nimule Visit to the point of entry (POE) – SSUD- Uganda border
15.45 – 17.30	Visit to Nimule Government Hospital	Dr. David Nyamu, Medical Director Mr. John Ajugo, Hospital Administrator, Cordaid RepGrasce Lalia

	to see the Ebola Treatment Centre and proposed site for SDB Dispatch Base. Visit at the assigned land for cemetery.	Mrs. Cathrine Abadia, Mathrone and ETC contact
19:00	Dinner and accommodation at Gordon View Hotel Nimule	All
Thursday 7th Feb. 2019		
08:15 – 09:15	Meeting with selected Soc. Mob and SDB volunteers from the Nimule Unit (3-4 male and 3-4 female)	SSRC Volunteers in Nimule
09:15 - 13:00	Returning from Nimule to Juba	The full team
13:00 - 14:00	Lunch	
14:00 - 16:30	NTF at EOC	Veronica/Peter/Reel/Maria
16:30 - 17:30	CDC- Country Director, and Epidemiologist Sharlila Shetty at EOC	Dr. Sudhir Bunga, Dr. Sharmila Shetty Reel/Maria
18:00	Back to Rainbow	
Friday 8th Feb. 2019		
09:00 - 10:00	SSRC DSG-Programs, SSRC CEA focal person, SSRC PMER focal point, Health manager, Emergency Coordinator	Veronica/DSG
10:00 – 12:00	Review of EVD DREF APoA (Oct. '18 - Jan. '19)	Alex/EVD team
12:00 – 13:00	Present draft of SSRC EVD plan 2019	Alex/ EVD Team
13:00-14:00	Lunch	
15:00 - 17:00	Debriefing session	Reel & Maria
18:00 - 20:00	Evening Dinner in Rainbow hotel	Visitors, IFRC country office team
Saturday 9th Feb. 2019		
09:00	Dep Rainbow for Airport:	Reel and Maria